

Figure SC810.F30. Sample Employee's Supplemental Statement to Hearing Loss

EMPLOYEE'S SUPPLEMENTAL STATEMENT
TO LOSS OF HEARING CLAIM

1. NAME:
2. Date you first became aware of hearing problem:
3. Date you first related that problem to your Federal employment and why:
4. If no longer exposed to noise, indicate date of last exposure:
5. Give a detailed history of any previous ear or hearing problems and provide any medical reports or audiograms you may have:
6. Describe in detail the duties you performed that you believe contributed to your hearing problems:
7. State when safety devices were provided and the type:
8. Did you wear the safety devices at all times as required:
9. Describe and/or diagram the work site and placement of any equipment that you believe contributed to your hearing problems:
10. List all hobbies or activities in which you participate such as hunting, dirt bikes, boating, farming, motorcycles, auto mechanics, carpentry work, cutting and polishing rocks, body work on cars, three or four wheeling, etc. Describe how often you participate in these activities and the number of days:
11. List the names of others who worked in the same area(s) and who had hearing loss:

12. If you were in the military service, list your job title(s) and inclusive dates you served. If you worked in a noise area, describe the source of noise and number of hours of exposure per day, and describe the hearing protectors provided to protect against noise exposure:
13. Did you wear the hearing protectors?
14. Attach statements from co-workers who have first-hand knowledge of your working and/or physical conditions.
15. Provide any other information you believe is pertinent to this claim.
16. I certify that the information provided is true.

Signature

Date

SUPERVISOR'S SUPPLEMENTAL STATEMENT TO HEARING LOSS CLAIM

1. Claimant's Name:
2. Time Frame (list dates employee worked in your area):
3. Description of Duties (describe in detail the work performed by the employee and provide a copy of the position description):
4. Working Conditions (identify all sources of noise; such as drills, compressors, rivet guns, etc.):
5. Safety Precautions (describe equipment or procedures used to reduce the hazard, e.g., whether hearing protection is required, and type worn): Did the employee wear the hearing protection as required by regulations?
6. Work Exposure (state the nature, extent and duration of exposure, including dates, hours per day and days per week):
7. Description and/or diagram of work site (list all buildings employee worked in, describe the work site(s) and, if necessary, provide a diagram of the employee's work area in relation to areas of hazardous noise levels):
8. Off-Duty Exposure (provide any information you may have regarding employee's off-duty exposure to noise, such as hobbies like hunting, dirt biking, etc.):
9. List others who worked in the same area and may have been similarly affected:

Signature

Date